



Checking Account Switch Kit

PfcU Checking Account Features Include

- **No Monthly Service Fees**
- **No Minimum Balance**
- **Free ATM/Debit Card**
- **Free On-Line Bill Pay**
- **Free Online Account Access - Virtual Branch**
- **Overdraft Protection Line of Credit Loan (approval subject to Partnership Financial Credit Union underwriting guidelines)**
- **Surcharge Free ATM's located at the Morton Grove Office and in the Teachers Lounges at Niles North High School and Niles West High School**
- **Partnership Financial Credit Union participates in multiple surcharge free networks (AllPoint, Alliance One, MoneyPass, Star Surcharge Free, and Co-Op)**
- **If a surcharge free ATM is not convenient for you and you do incur a fee, we will immediately refund the first 5 fees per month**

Our FOUR step check list will make it quick and easy to switch your accounts to Partnership Financial Credit Union

Step One: Worksheet

PfCU Account # _____

PfCU & Transit # **271989060**

1. Switch direct deposits/automatic deposits:

Please use the enclosed Authorization to Change Direct Deposits Form

- | | |
|---|---|
| <input type="checkbox"/> Employer Deposits | <input type="checkbox"/> Brokerage Deposits |
| <input type="checkbox"/> Government Deposits | <input type="checkbox"/> Child Support/Court Ordered Deposits |
| <input type="checkbox"/> Social Security Deposits | <input type="checkbox"/> Other Deposits |
| <input type="checkbox"/> Retirement Deposits | |

2. Switch Automatic Payments/withdrawals:

Please use the Authorization to Change Automatic Withdrawal Form

- | | |
|---|---|
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Utilities: Electric, Gas, Water, Phone, etc. |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Vehicle Payment | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Alarm Company | <input type="checkbox"/> On-Line Bill Pay |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Club/Membership Dues |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Association Dues |

3. Close all other Savings, Checking, and Bill Payment Accounts:

Please use the Authorization to Close Account Form

Financial Institutions: _____

4. Talk to one of our Loan Officers to explore these options and possibly save money:

- Refinance your auto loan with a PfCU Vehicle Loan
- Refinance your 1st Mortgage Loan with PfCU
- Refinance your Home Equity Loan with PfCU
- Purchase an Extended Warranty for your vehicle through PfCU
- Purchase a pre-driven auto with Enterprise Car Sales through PfCU

**For additional details or with assistance in switching your accounts to PfCU, just ask us!
Please visit one of our offices or give us a call!**

Morton Grove Office
5940 Lincoln Ave.
Morton Grove, IL 60053

Barrington Office
616 W. Main St.
Barrington, IL 60010

Kenilworth Office
642 Green Bay Rd.
Kenilworth, IL 60043

Des Plaines Office
1001 E. Touhy Ave.
Des Plaines, IL 60018

Step Two: Authorization to Change Direct Deposit

Instructions: Please complete this authorization to change direct deposits to P^fCU and provide this form to your employer or any other payer who you identified on the worksheet in Step 1 that makes automatic deposits to your account. **Please make as many copies of this form as you need.**

Date: _____

Payer's Name: _____

Address: _____ City: _____ State/Zip: _____

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Former Financial Institution: _____

Routing Number: _____

Account Number: _____

Please discontinue direct deposits at this financial Institution and begin making direct deposit to the following financial institution:

**Partnership Financial Credit Union
5940 Lincoln Ave.
Morton Grove, IL 60053
Routing Number: 271989060**

Account Number: _____ Savings Checking

If you have any questions pertaining to this request, please contact me at: _____.

Thank you for your assistance.

Sincerely,

Signature

Name: _____

Address: _____ City: _____ State/Zip: _____

**Morton Grove Office
5940 Lincoln Ave.
Morton Grove, IL 60053**

**Barrington Office
616 W. Main St.
Barrington, IL 60010**

**Kenilworth Office
642 Green Bay Rd.
Kenilworth, IL 60043**

**Des Plaines Office
1001 E. Touhy Ave.
Des Plaines, IL 60018**

Step Three: Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your PfcU account. Print one authorization for each company that you identified on the worksheet in Step 1 that makes automatic withdrawals from your account.

Remember to change any automatic payments made by debit card also.

Date: _____

Name of Company: _____

Address: _____ City: _____ State/Zip: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ each _____ (frequency)

For my _____ (what the payment represents) from the following financial institution:

Former Financial Institution: _____

Routing #: _____ Account #: _____

Effective Immediately, please discontinue withdrawals from the above reference account and begin withdrawals from my account at:

Partnership Financial Credit Union

5940 Lincoln Ave.

Morton Grove, IL 60053

Routing #: 271989060 Account # _____ Savings Checking

If you have any questions pertaining to this request, please contact me at: _____.

Thank you for your assistance.

Sincerely,

Signature

Name: _____

Address: _____ City: _____ State/Zip: _____

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Morton Grove, IL 60053

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Step Four: Authorization to Close Account

Instructions: Please complete this authorization to close accounts at other financial institutions and have the funds transferred to your PfCU account. Please print one authorization for each financial institution. **Feel free to bring us your old checks and your old ATM/Debit card(s) for proper destruction.**

Date: _____

Name of Financial Institution: _____

Address: _____ City: _____ State/Zip: _____

To Whom It May Concern:

Please close the following accounts:

Account # _____ Ownership: _____

Account # _____ Ownership: _____

Please send a check, payable in my name, for the remaining balance to:

**Partnership Financial Credit Union
5940 Lincoln Ave.
Morton Grove, IL 60053**

I have taken the necessary steps to discontinue any direct deposits and/or automatic withdrawals from my accounts at your financial institution.

If you have any questions, please contact me at _____.

Thank you for your assistance.

Sincerely,

Account Holder's Signature

Account Holder's Signature (if applicable)

Name: _____ Name: _____

Address: _____ City: _____ State/Zip: _____

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Morton Grove, IL 60053**

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